



**NORTH CAROLINA TRI-COUNTY LODGE #52**  
P.O. BOX 14022 ♦ NEW BERN, NC 28561 ♦ (252) 633-5389

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**ACTIVE MEMBERSHIP APPLICATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Applicant's Personal E-mail Address: \_\_\_\_\_

Employer\*: \_\_\_\_\_

*\*If a retired law enforcement officer, see Retired Application on website.*

Beneficiary Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

I, the undersigned, being a full-time sworn Law Enforcement Officer, do hereby submit application for active membership in the FOP Tri-County Lodge #52. I understand that my application must be approved by the membership of Tri-County Lodge #52, and that membership dues must be paid in-full along with this application. Dues are payable annually, on or before September 15<sup>th</sup> for the following year or monthly by automatic bank draft. If an online payment is remitted, additional fees will be added.

If my membership should ever be revoked or discontinued for any cause other than retirement while in good standing, I agree to return to my membership card and other material bearing the FOP insignia to NC FOP Tri-County Lodge #52.

(Signed) \_\_\_\_\_ Date: \_\_\_\_\_

*The Revenue Act of 1987 requires us to remind you that dues are not deductible as charity contributions but may be deductible as a business or miscellaneous expense.*

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(NOT to be filled out by Applicant)

Date Approved: \_\_\_\_\_ Membership # \_\_\_\_\_

Date Rejected: \_\_\_\_\_ Approved By: \_\_\_\_\_